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Bib Data Sheet

CONFIRMATION NO. 2141

<b>SERIAL NUMBER</b> 09/844,195	<b>FILING DATE</b> 04/27/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166 3626	<b>ATTORNEY DOCKET NO.</b> P-9581.00
<b>APPLICANTS</b> Gary A. Goetzke, St. Paul, MN; Thomas N.P. Johns, Minneapolis, MN; Malcolm E. Reid, St. Paul, MN; John W. Borg, Edina, MN; Angeline M. Carlson, Eden Prairie, MN;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/258,556 12/29/2000 <i>OK LN 9-7-05</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none LN 9-7-05</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/21/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Eric R. Waldkoetter</i>	STATE OR COUNTRY MN	SHEETS DRAWING 20	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
<b>ADDRESS</b> Eric R. Waldkoetter Medtronic, Inc., MS LC340 710 Medtronic Parkway Minneapolis, MN 55432-5604 <i># 27581</i>				
<b>TITLE</b> Chronic pain patient identification system				
<b>FILING FEE RECEIVED</b> 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	